



## **Fund For Veterans' Assistance Grant Reporting Training**



# Know & Follow The Details Of YOUR Grant

- Project Narrative
- Budget (Approved)
- Budget Narrative



# Know & Follow The Rules Of FVA Grants

- **Request for Applications**
- **Program Requirements and Terms & Conditions**
- **Texas Administrative Code** TITLE 40, PART 15, CHAPTER 460, SUBCHAPTERS A-E
- **Federal grant rules & regulations** 2 CFR 200
- **State grant rules & regulations** UNIFORM GRANT MANAGEMENT STANDARDS



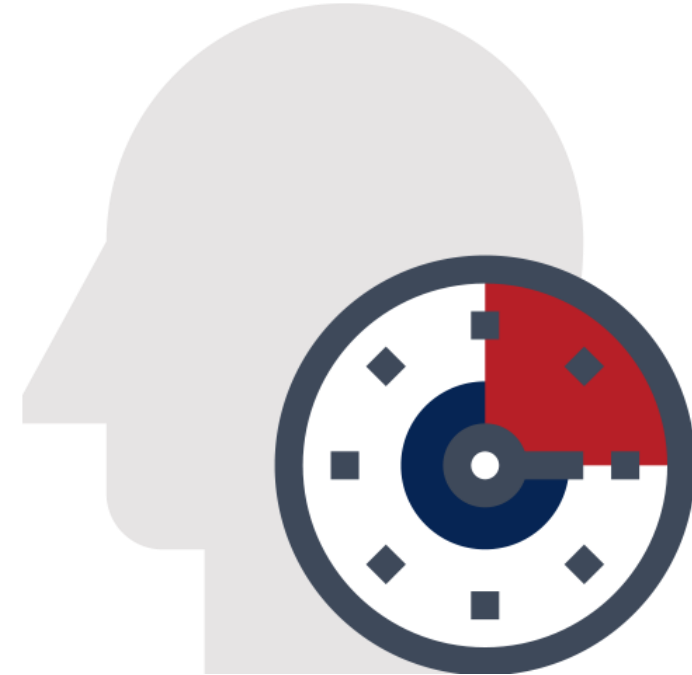
# Know & Follow Your Policies & Procedures

- Fiscal Management & Accounting
- Purchasing & Vendor Selection
- Assistance Policies, including limits on assistance, etc.



# Grant Operations Started July 1, 2019

- Submit Policies & Procedures
- Submit W-9 and Direct Deposit info



# Notice of Grant Award - Signed

- Signed NOGA (GovGrants)



# Payment Reimbursement Request (PRR)

- Due on the 15<sup>th</sup> of the month after the end of the reporting month
  - **Can submit early if all paperwork is complete**



## Progress Reports (PR)

- Due on the 15<sup>th</sup> of the month after the end of the reporting quarter
  - **Can submit early if all data is complete**
  - If not meeting performance benchmarks by the 2Q reporting deadline, will be required to submit monthly Progress Reports
- Summary numbers in GovGrants
- Provide County-level detail in spreadsheet







# Expenditure Supporting Document Policy (SDP)

Purpose • Securing & Maintaining

How To Use • Recurring Costs • Contracts

# Purpose

- Help you acquire the correct supporting documents to prove your expenses and payments to vendors are authentic
- Supporting documentation must demonstrate Cost Incurred and payments made to the vendor
- FVA grants follow the authority of 2 CFR 200



# Submitting Invoices For Payment

- Invoices must not be older than 90 days
- Invoices must be from the most recent billing cycle
- Invoices must show the total currently owed
- **Expenditure Supporting Document Policy (SDP)**



**Supporting documentation  
must support your accounting  
records of the expense.**



# Securing & Maintaining Documents

1. Secure **beneficiary eligibility documentation before providing services** to ensure all costs reported are adequate and verifiable.
2. Maintain these documents in a secure location (physical or electronic) for a minimum of three (3) years.
3. Records Retention Policy (SDP, Attachment A)



## Keys: DO Submit

- Scan and submit your supporting documents in the same order as the information in the Payment Reimbursement Request (PRR) Form.
- Highlight important information in your supporting documents.
- This speeds up turnaround time and helps Grant Officers process requests both timely and accurately.



## Keys: DON'T Submit

- General Ledgers as supporting documentation.
- Personally Identifying Information (PII) is protected by law. Do not submit supporting documents with PII.



# Payment Reimbursement Request (PRR) Form

- Sample PRR included in the Supporting Document Policy
- Your GO will send you a customized PRR for your awarded project

**FVA Staff will cover this more in the July webinar on PRR.**





# How To Use The SDP



## PROOF OF COST INCURRED

A) Itemized invoice; **OR**

B) Receipt including:

- ✓ 1. Vendor name,
- ✓ 2. Description of item or service purchased,
- ✓ 3. Total amount paid (excluding taxes), and
- ✓ 4. Date of purchase

The selected **Proof of Cost Incurred** meets the criteria for accepted documents. This one is OK to submit.

## DEMONSTRATION OF PAYMENT

A) Cancelled Check; **OR**

B) Bank Statement

Make sure the **Demonstration of Payment** you selected is on the list of accepted documents before submitting. This one is OK to submit.

This document covers both **Proof of Cost Incurred** and **Demonstration of Payment**

No.  
5731343

| DIRECT DEPOSIT DISTRIBUTION |                |                |
|-----------------------------|----------------|----------------|
| Account Type                | Account Number | Deposit Amount |
| Checking                    | XXXXXX5932     | \$1,669.69     |



# PCI & DOP Examples: Personnel

Checks paid to  
self are  
unallowable.

**HELP A VET**  
123 Main Street Suite 200  
Big City, Texas 78123

1936

7-17-2017  
DATE

PAY TO THE ORDER OF Mickey Mouse \$ 2,767.45

Two-Thousand seven hundred sixty-seven dollars and 45 cents  
DOLLARS

FOR Work as CEO and Program Manager Mickey Mouse

⑆000000186⑆ 000000529⑆ 1000



# PCI & DOP Examples: Travel & Mileage

[illegible]

# Transportation and Fuel Example



Welcome to Shell

FIRST LAST

123 ANY STREET  
DALLAS  
TX 75254  
11111111101

12-10-2014  
00:00:00

PUMP #1  
Fuel Type  
Gallons  
PRICE/GAL  
FUEL TOTAL

| Item    | QTY |
|---------|-----|
| Carwash | 1   |

SUBTOTAL  
TAX  
TOTAL

| Unit Price | Total Price |
|------------|-------------|
| \$6.00     | \$6.00      |
|            | \$17.71     |
|            | \$0.48      |
|            | \$18.19     |

SHELL V-POWER  
ACTIVELY CLEANS  
AS YOU DRIVE  
SALES RECEIPT

SHELL  
2029 S SAGINAW  
MIDLAND  
MI 48640

DATE 06/21/06 4:01PM

INVOICE#

AUTH#

MASTERCARD  
ACCOUNT NUMBER

| PUMP | PRODUCT | \$/G    |
|------|---------|---------|
| 04   | UNLD    | \$2.969 |

| GALLONS | FUEL TOTAL |
|---------|------------|
| 6.736   | \$ 20.00   |

SHELL V-POWER  
OUR MOST ADVANCED  
FUEL EVER.



8/16/2019

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# (SD) Workshop Attendance Roster Example

Help A Vet  
FVA\_17\_0400

San Antonio, Texas

Couples Workshop

Date: July 10, 2017

| Print Name         |        | Signature                 | Veteran   | Spouse |
|--------------------|--------|---------------------------|-----------|--------|
| Last               | First  |                           |           |        |
| Doe                | John   | <i>John Doe</i>           | ✗         |        |
| Doe                | Jane   | <i>Jane Doe</i>           | ✗         |        |
| Brady              | Thomas | <i>Thomas Brady</i>       | ✗         |        |
| Brady              | Gisele | <i>Gisele Brady</i>       |           | ✗      |
| Kent               | Clark  | <i>Clark Kent</i>         | ✗         |        |
| Lane               | Lois   | <i>Lois Lane</i>          |           | ✗      |
| Trevor             | Steve  | <i>Steve Trevor</i>       | ✗         |        |
| Prince             | Dianna | <i>Diana Prince</i>       |           | ✗      |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
|                    |        |                           |           |        |
| Instructor Name    |        | Signature                 | Date      |        |
| Stefani Germanotta |        | <i>Stefani Germanotta</i> | 7/10/2017 |        |





# Home Modification Invoice



ACME Remodeling

100 Construction Lane  
Texas City, Texas 79865

Owner Name: John D. Veteran

Address: 101 Broadway Road, Small Town, Texas, 78321

| Work Description  | Total Cost         |
|---|--------------------|
| Bathroom Remodel: Removed and replaced toilet with water efficient model. Removed and replaced old bath tub and installed walk in shower with new hardware. Removed and replaced sink and counter top and replaced with sink and new faucets and new cabinet and counter. Removed and replaced old wall and added new dry wall and paint. Removed and replaced old way and added wheelchair access door. Removed and replaced old mirror and light with new mirror and light and light switch. Added a vent fan to meet new housing code. | \$8,524.23         |
| Labor hours for Bathroom remodel: 2 men 20 hours each @ \$25/hour   | \$1,000.00         |
| Total Bathroom Remodel  | \$9,524.23         |
| Removed old flooring in Living Room, Hallway, Kitchen, and Master Bedroom. Installed Vinyl Plank Tile flooring. Installed base Shoe Molding over all new flooring. Painted molding to match adjacent surface.   | \$4,354.45         |
| Labor Hours for Flooring. 2 men 16 hours each @ \$25/hour   | \$800.00           |
| Total Flooring  | \$5,154.45         |
| <b>Total Cost</b>   | <b>\$14,678.68</b> |



8/16/2019

# Recurring Costs

- More documentation required on the first reimbursement of a recurring cost (i.e. office rent, etc.)
- Limit on variance in recurring monthly costs (i.e. utility bills, etc.)
- Less documentation required for subsequent requests
- See Section 5 of SDP for full details





# Contracts

There are two types of contracts in the grant:

- Grantee and Contractor
- Grantor and Grantee
- Your organization's agreements with its own independent contractors, vendors, etc. are Grantee-Contractor contracts
- FVA only reimburses items in the Grantor-Grantee contract (expenses must be budgeted-for in the approved contract)
- Submit an Amendment Request if the Grantor-Grantee contract (including budget) needs to be adjusted



## **PAYMENT REIEMBURSEMENT REQUEST (PRR)**

- Summary
- Expenditure Report “Exp Rpt”
- Personnel Breakdown Worksheet “Personnel”



# Summary Tab



8/16/2019

| Payment Reimbursement Request (PRR)  |                                |                              |      |
|--|--------------------------------|------------------------------|------|
| Summary Information and Certification  |                                |                              |      |
| Grantee Name:  | Help A Vet                     |                              |      |
|  | Grant Number:                  | FVA19-001                    |      |
|  | Grant Amount:                  | \$300,000                    |      |
| Report Period:   | First day to last day of month | July                         | 2019 |
| Budget Category  | Award Amount                   | Requested Amount This Action |      |
| Salaries   | \$70,000                       | \$                           | -    |
| Fringe Benefits  | \$35,000                       | \$                           | -    |
| Travel   | \$5,500                        | \$                           | -    |
| Supplies   | \$2,500                        | \$                           | -    |
| Client Services  | \$155,000                      | \$                           | -    |
| Other Direct   | \$5,000                        | \$                           | -    |
| Indirect   | \$27,000                       | \$                           | -    |
| <b>Total</b>   | <b>\$300,000</b>               | \$                           | -    |
| Prepared By  |                                |                              |      |
| Type Name  |                                |                              |      |
| Title  |                                |                              |      |
| Certification  |                                |                              |      |
| The Authorized Representative certifies that the the information contained in this report has been reviewed and it is true and correct by typing in their name. <b>Only one of the listed below is required.</b> |                                |                              |      |
| Position   | Name                           | Type Name                    |      |
| Project Coordinator  | Scott Frost                    |                              |      |
| Finance Coordiantor  | Brian Kelly                    |                              |      |
| Signature Authority  | Nick Saban                     |                              |      |

# Summary Tab

| Payment Reimbursement Request (PRR)   |                                |               |           |
|---------------------------------------|--------------------------------|---------------|-----------|
| Summary Information and Certification |                                |               |           |
| Grantee Name:                         | Help A Vet                     |               |           |
|                                       |                                | Grant Number: | FVA19-001 |
|                                       |                                | Grant Amount: | \$300,000 |
| Report Period:                        | First day to last day of month | July          | 2019      |

Fill in all yellow boxes with appropriate data



# Summary Tab

|  |             |           |
|--|-------------|-----------|
| Prepared By  |             |           |
| Type Name  |             |           |
| Title  |             |           |
| Certification  |             |           |
| <p>The <b>Authorized Representative</b> certifies that the the information contained in this report has been reviewed and it is true and correct by typing in their name. <b>Only one of the listed below is required.</b></p> |             |           |
| Position   | Name        | Type Name |
| Project Coordinator  | Scott Frost |           |
| Finance Coordiantor  | Brian Kelly |           |
| Signature Authority  | Nick Saban  |           |

Fill in all yellow boxes with appropriate data

After all tabs are completed, one of the three individuals listed prints name. Certifying all data is correct



# Personnel Tab

- Customized according to budget
- Only fill in yellow boxes for each employee
- Important to complete all data entry for each line item
- No contractual services employees



# Salaries

| Personnel Breakdown Worksheet |                   |               |                           |              |              |                   |             |             |                           |                          |
|-------------------------------|-------------------|---------------|---------------------------|--------------|--------------|-------------------|-------------|-------------|---------------------------|--------------------------|
| Grantee Name:                 | Help A Vet        |               |                           |              |              |                   |             |             | Grant Number:             |                          |
| SALARIES                      |                   |               |                           |              |              |                   |             |             |                           |                          |
| Employee Name                 | Position          | Annual Salary | # Pay Periods<br>Per Year | Allocation % | \$ Reference | Pay Period        | Page Number | Gross Pay   | Total Salary<br>Allocated | FVA Approved<br>Salaries |
| Adrian Martinez               | Case Manager      | \$36,000.00   | 24                        | 100%         | 1,500.00     | 7/1/19 - 7/15/19  | 1 - 2       | \$ 1,500.00 | \$ 1,500.00               | \$                       |
| Ian Book                      | Intake Specialist | \$34,000.00   | 24                        | 100%         | 1,416.67     | 7/1/19 - 7/15/19  | 3 - 4       | \$ 1,416.67 | \$ 1,416.67               | \$                       |
| Tua Tagovailoa                | Project Director  | \$60,000.00   | 24                        | 50%          | 1,250.00     | 7/1/19 - 7/15/19  | 5 - 6       | \$ 2,500.00 | \$ 1,250.00               | \$                       |
| Adrian Martinez               | Case Manager      | \$36,000.00   | 24                        | 100%         | 1,500.00     | 7/16/19 - 7/31/19 | 7-8         | \$ 1,500.00 | \$ 1,500.00               | \$                       |
| Ian Book                      | Intake Specialist | \$34,000.00   | 24                        | 100%         | 1,416.67     | 7/16/19 - 7/31/19 | 9-10        | \$ 1,416.67 | \$ 1,416.67               | \$                       |
| Tua Tagovailoa                | Project Director  | \$60,000.00   | 24                        | 50%          | 1,250.00     | 7/16/19 - 7/31/19 | 11-12       | \$ 2,500.00 | \$ 1,250.00               | \$                       |

Annual Salary / Number of Agency Pay Periods per year = Pay Period Gross  
 Pay Period Gross X Allocated % in Table A of Application = Total Salary Allocated

List 1-4 payrolls based on number of payrolls that month.

July payroll allocation needs to be prorated if pay period begins prior to July 1<sup>st</sup>.

Amounts Over the \$ Reference, will be scrutinized or questioned. An Amendment to capture those further costs may be required.



# Fringe Benefits

| FVA19-001 | Report Period: |                  | First day to last day of month |                  | July                 | 2019                     |                       |
|-----------|----------------|------------------|--------------------------------|------------------|----------------------|--------------------------|-----------------------|
| BENEFITS  |                |                  |                                |                  |                      |                          |                       |
| FICA      | Medicare       | Health Insurance | Dental Insurance               | Vision Insurance | Workers Compensation | Total Benefits Allocated | FVA Approved Benefits |
| \$ 114.75 | \$ -           | \$ 50.00         | \$ -                           | \$ -             | \$ 11.25             | \$ 176.00                | \$ -                  |
| \$ 108.38 | \$ -           | \$ 50.00         | \$ -                           | \$ -             | \$ 11.25             | \$ 169.63                | \$ -                  |
| \$ 95.62  | \$ -           | \$ 75.00         | \$ -                           | \$ -             | \$ 11.25             | \$ 181.87                | \$ -                  |
| \$ 114.75 | \$ -           | \$ 50.00         | \$ -                           | \$ -             | \$ 11.25             | \$ 176.00                | \$ -                  |
| \$ 108.38 | \$ -           | \$ 50.00         | \$ -                           | \$ -             | \$ 11.25             | \$ 169.63                | \$ -                  |
| \$ 95.62  | \$ -           | \$ 75.00         | \$ -                           | \$ -             | \$ 11.25             | \$ 181.87                | \$ -                  |

Ensure the Same Allocated % amounts in Salaries are applied to total benefits amount, if the employee is also receiving Fringe benefits.

Total Amount of benefits Costs per employee X % Allocation = Total Benefits Allocated

Demonstration of Payment is required for Benefits every month





## Exp Detail Tab

- List each expense under Budget Category name & proper Sub-Category
- Only report expenses that have been cleared through the bank
- Only report expenses past or current not future rents



# Exp Detail Tab

## Personnel/Fringe Amounts

| Expenditure Detail Worksheet |  |                                       |             |
|------------------------------|--|---------------------------------------|-------------|
| Grantee Name:                | Help A Vet   | Grant Number:                         | FVA19-001   |
|                              | Current Report Period: <i>First day to last day of month</i> | July                                  | 2019        |
| SALARIES                     |  | Approved Budget:                      | \$70,000    |
|                              |  | Total from Personnel Tab for Salaries | \$ 8,333.34 |
| FRINGE BENEFITS              |  | Approved Budget:                      | \$35,000    |
|                              |  | Total from Personnel Tab for Benefits | \$ 1,055.00 |

FVA Staff Use Only

| FVA Approved Expenditures | Notes |
|---------------------------|-------|
|                           |       |
|                           |       |
|                           |       |

Salaries and Benefits carry over from Personnel tab  
 Grey area is for FVA Staff notes



## Exp Detail Tab

### Travel

| TRAVEL  |                 |               |  | Approved Budget: | \$5,500   |
|---|-----------------|---------------|--|------------------|-----------|
| Budget Items: Local Mileage, NASA conference July 18-21 |                 |               |  |                  |           |
| Vendor Name   | Employee Name   | Sub-Category  | Description/Notes                                | Page Number      | Amount    |
| NASA Conference Center                                  | Neil Armstrong  | Conference    | Attend confrence in Houston, lodging, rental car | 13-14            | \$ 756.35 |
| Adrian Martinez   | Adrian Martinez | Local Mileage | Local travel for outreach and visit clients      | 15-17            | \$ 178.45 |
|   |                 |               |  |                  |           |
|   |                 |               |  |                  |           |
|   |                 |               |  |                  |           |
|   |                 |               |  |                  |           |
| Total for Travel  |                 |               |  | \$               | 934.80    |



# Exp Detail Tab

## Supplies

| SUPPLIES  |                |                      |             | Approved Budget: | \$2,500  |
|---|----------------|----------------------|-------------|------------------|----------|
| Budget Items: General Office Supplies, Laptop-2, Scanner-2, |                |                      |             |                  |          |
| Vendor Name   | Sub-Category   | Description/Notes    | Page Number | Amount           |          |
| Office Depot  | General Office | Printer Paper, Toner | 18-22       | \$               | 359.67   |
| Dell Computers  | Computer       | 2 Laptops            | 23-29       | \$               | 1,512.34 |
|   |                |                      |             |                  |          |
|   |                |                      |             |                  |          |
|   |                |                      |             |                  |          |
|   |                |                      |             |                  |          |
|   |                |                      |             |                  |          |
| Total for Supplies  |                |                      |             | \$               | 1,872.01 |



# Exp Detail Tab

## Client Services

| CLIENT SERVICES  |                                    |              |                   |             | Approved Budget: | \$155,000 |
|--|------------------------------------|--------------|-------------------|-------------|------------------|-----------|
| Budget Items: Rent, Mortgage, Utilities(water, gas, electric, waste), vehicle repair |                                    |              |                   |             |                  |           |
| Vendor Name  | Beneficiary Name<br>or Client ID # | Sub-Category | Description/Notes | Page Number | Amount           |           |
| Acme Properties  | J. Doe                             | Housing      | July rent         | 30-31       | \$               | 1,800.00  |
| ABC Mortgage   | R. Smith                           | Housing      | July mortgage     | 32-33       | \$               | 2,700.00  |
| City Electric  | B. Morgan                          | Utilities    | July electric     | 34-35       | \$               | 158.45    |
| City Electric  | M. Russle                          |              |                   |             |                  |           |
|  |                                    |              |                   |             |                  |           |
|  |                                    |              |                   |             |                  |           |
|  |                                    |              |                   |             |                  |           |
|  |                                    |              |                   |             |                  |           |
|  |                                    |              |                   |             |                  |           |
| Total for Client Services  |                                    |              |                   |             | \$               | 4,658.45  |

This field is required.  
Please select sub-  
category from drop-  
down list.

Sub-Category – Dropdown list



# Exp Detail Tab

## Other Direct Costs

| OTHER DIRECT COST   |                                    |               |   |             | Approved Budget: | \$5,000 |
|---|------------------------------------|---------------|---|-------------|------------------|---------|
| Budget Items: Telephone System, case management software, copier rental |                                    |               |   |             |                  |         |
| Vendor Name   | Beneficiary Name<br>or Client ID # | Sub-Category  | Description/Notes                         | Page Number | Amount           |         |
| AT&T  | Help A Vet                         | Phone Service | Intake and Case managers office phone use | 36-40       | \$               | 102.58  |
| People Soft   | Help A Vet                         | Software      | Case management software                  | 41-44       | \$               | 250.00  |
| Canon   | Help A Vet                         | Printing      | Office Copier Rental                      | 45-50       | \$               | 45.23   |
|   |                                    |               |   |             |                  |         |
|   |                                    |               |   |             |                  |         |
|   |                                    |               |   |             |                  |         |
|   |                                    |               |   |             |                  |         |
|   |                                    |               |   |             |                  |         |
| Total for Other Direct Cost   |                                    |               |   |             | \$               | 397.81  |



# Indirect Costs

- If your grant has allocated funds for **Indirect Costs**, your organization can claim 10% Direct Costs for each month reported
- 90-Day Policy **DOES NOT** apply to the Indirect Costs budget category.
- Retroactive requests are unallowable.

|  |                  |              |
|--|------------------|--------------|
| DIRECT COSTS   | Approved Budget: | \$273,000    |
| Total for Direct Costs                               |                  | \$ 17,251.41 |
| Not to exceed 10% of Total Direct Costs each period. |                  |              |
| INDIRECT COSTS                                       | Approved Budget: | \$27,000     |
| Total for Indirect Costs                             |                  | \$ 1,725.14  |
| TOTAL PERIOD COST                                    |                  | \$ 18,976.55 |



# Indirect Costs

- Requested amount CANNOT exceed 10% of Total for Direct Costs
- Cell will turn **Red** when exceeded

|  |                          |              |
|--|--------------------------|--------------|
| DIRECT COSTS   | Approved Budget:         | \$273,000    |
|  | Total for Direct Costs   | \$ 17,251.41 |
| Not to exceed 10% of Total Direct Costs each period. |                          |              |
| INDIRECT COSTS                                       | Approved Budget:         | \$27,000     |
|  | Total for Indirect Costs | \$ 1,726.00  |
| TOTAL PERIOD COST                                    |                          | \$ 18,977.41 |





# Indirect Costs

- Indirect costs cannot exceed 10% of current reporting month's Direct Program Costs
- Supporting documentation is not required for indirect costs
- Your Indirect Costs are determined by Total Direct Cost Approved



## Exp Detail Tab

## No Blank Cells Allowed

[illegible]

## Empty cells



# Summary Tab

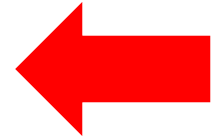


8/16/2019

| Payment Reimbursement Request (PRR)   |                                |                              |           |
|---|--------------------------------|------------------------------|-----------|
| Summary Information and Certification   |                                |                              |           |
| Grantee Name:   | Help A Vet                     |                              |           |
|   | Grant Number:                  | FVA19-001                    |           |
|   | Grant Amount:                  | \$300,000                    |           |
| Report Period:  | First day to last day of month | July                         | 2019      |
| Budget Category   | Award Amount                   | Requested Amount This Action |           |
| Salaries  | \$70,000                       | \$                           | 8,333.34  |
| Fringe Benefits   | \$35,000                       | \$                           | 1,055.00  |
| Travel  | \$5,500                        | \$                           | 934.80    |
| Supplies  | \$2,500                        | \$                           | 1,872.01  |
| Client Services   | \$155,000                      | \$                           | 4,658.45  |
| Other Direct  | \$5,000                        | \$                           | 397.81    |
| Indirect  | \$27,000                       | \$                           | 1,725.14  |
| <b>Total</b>  | <b>\$300,000</b>               | \$                           | 18,976.55 |
| Prepared By   |                                |                              |           |
| Type Name   | Matt Wells                     |                              |           |
| Title   | Book Keeper                    |                              |           |
| Certification   |                                |                              |           |
| The <b>Authorized Representative</b> certifies that the the information contained in this report has been reviewed and it is true and correct by typing in their name. <b>Only one of the listed below is required.</b> |                                |                              |           |
| Position  | Name                           | Type Name                    |           |
| Project Coordinator   | Scott Frost                    |                              |           |
| Finance Coordiantor   | Brian Kelly                    |                              |           |
| Signature Authority   | Nick Saban                     | Nick Saban                   |           |

# Summary Tab

| Report Period:  | <i>First day to last day of month</i> | July                         | 2019             |
|-----------------|---------------------------------------|------------------------------|------------------|
| Budget Category | Award Amount                          | Requested Amount This Action |                  |
| Salaries        | \$70,000                              | \$                           | 8,333.34         |
| Fringe Benefits | \$35,000                              | \$                           | 1,055.00         |
| Travel          | \$5,500                               | \$                           | 934.80           |
| Supplies        | \$2,500                               | \$                           | 1,872.01         |
| Client Services | \$155,000                             | \$                           | 4,658.45         |
| Other Direct    | \$5,000                               | \$                           | 397.81           |
| Indirect        | \$27,000                              | \$                           | 1,725.14         |
| <b>Total</b>    | <b>\$300,000</b>                      | \$                           | <b>18,976.55</b> |
| Prepared By     |                                       |                              |                  |



# GovGrants Slide

## ▲ Payment Request - Reimbursement



Quick Search



| Budget Category    | Award Amount  | Remaining Award | Requested Amount This Action | Advance Applied | Net Payment | Actions |
|--------------------|---------------|-----------------|------------------------------|-----------------|-------------|---------|
| Salaries and Wages | \$58,873.00   | \$18,678.51     | \$0.00                       | \$0.00          | \$0.00      |         |
| Fringe Benefits    | \$16,159.00   | \$0.00          | \$0.00                       | \$0.00          | \$0.00      |         |
| Travel             | \$1,500.00    | \$783.66        | \$0.00                       | \$0.00          | \$0.00      |         |
| Supplies           | \$700.00      | \$292.20        | \$0.00                       | \$0.00          | \$0.00      |         |
| Client Services    | \$192,600.00  | \$663.48        | \$0.00                       | \$0.00          | \$0.00      |         |
| Other Direct Costs | \$2,895.00    | \$2,290.60      | \$0.00                       | \$0.00          | \$0.00      |         |
| Indirect Costs     | \$27,273.00   | \$2,271.18      | \$0.00                       | \$0.00          | \$0.00      |         |
| Total              | \$ 300,000.00 | \$ 24,979.63    | \$ 0.00                      | \$ 0.00         | \$ 0.00     |         |



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# GovGrants Slide

## ▲ Payment Request - Reimbursement

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Quick Search




| Budget Category    | Award Amount  | Remaining Award | Requested Amount This Action   | Advance Applied                | Net Payment | Actions |
|--------------------|---------------|-----------------|--------------------------------|--------------------------------|-------------|---------|
| Salaries and Wages | \$58,873.00   | \$18,678.51     | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Fringe Benefits    | \$16,159.00   | \$0.00          | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Travel             | \$1,500.00    | \$783.66        | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Supplies           | \$700.00      | \$292.20        | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Client Services    | \$192,600.00  | \$663.48        | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Other Direct Costs | \$2,895.00    | \$2,290.60      | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Indirect Costs     | \$27,273.00   | \$2,271.18      | <input type="text" value="0"/> | <input type="text" value="0"/> | \$0.00      |         |
| Total              | \$ 300,000.00 | \$ 24,979.63    | \$ 0.00                        | \$ 0.00                        | \$ 0.00     |         |



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# News & Resources For Grantees

- FVA Grants Blog:  [TVC.Texas.gov/grants/blog/](https://TVC.Texas.gov/grants/blog/)
- Grantees Home:  [TVC.Texas.gov/grants/grantees/](https://TVC.Texas.gov/grants/grantees/)
- Monthly Grantee Newsletter
  - Additional staff can sign up to receive emails on Grantees page
- FVA Grant Rules & Regulations (click “For Grantees”) :  
 [TVC.Texas.gov/grants/resources/](https://TVC.Texas.gov/grants/resources/)
- More on Acknowledging TVC in Grant Application and Award Policies







## Contact Us



(512) 463-1157



[grants@TVC.Texas.gov](mailto:grants@TVC.Texas.gov)



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